

# CITY OF SCOTTSDALE

## Fire Support Program Application

The City of Scottsdale Promotes a Drug and Alcohol Free Workplace

<b>Position Desired</b>			
<b>Position Applied For: FIRE SUPPORT PROGRAM</b>			<b>Job Posting No:</b>
<b>Personal Data</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone</b>	<b>Home:</b>	<b>Office:</b>	<b>Message:</b>
Are you over age 18? ____ Yes ____ No      If no, please give age:			
Have you ever worked or volunteered for the City of Scottsdale? ____ Yes ____ No			
If yes, please give dates:			
<b>Driver's License No. &amp; State:</b>		<b>Class:</b>	<b>Expiration:</b>
<b>Commercial Driver's License No. &amp; State:</b>		<b>Class:</b>	<b>Expiration:</b>
Have you ever been discharged, requested or forced to resign from any position for misconduct or unsatisfactory service? ____ Yes ____ No			
If yes, please explain circumstances:			
Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged? "Crime" means all felonies, misdemeanors and serious driving offenses (e.g. DWI/DUI and reckless driving), but does not include minor traffic offenses. ____ Yes ____ No			
If you answered "yes", please give offense(s) for which convicted, date of conviction and jurisdiction. Indicate if expunged or set aside and give date(s). (Prior conviction will not automatically bar an applicant from employment with City.)			

<b>Education</b>				
<b>Name of School, College(s) or University</b>	<b>Major</b>	<b>Credit Hours</b>	<b>Degree</b>	<b>G.P.A.</b>
<b>Name of Trade/Technical/Business or Other School(s) Attended</b>	<b>Course of Study</b>		<b>Diploma</b>	

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List License (date & #), professional registrations (date), certificates and professional memberships:

List Honors, Awards, Fellowships:

Skills Overview

Fluent in a language other than English:

Language(s):

Speak:

Read:

Write:

Please summarize relevant skills and experience that exemplify your qualifications for the above position:

Summarize Community Services work (paid or volunteer) including dates:

Summarize Leadership roles:

Current Employment History

Employer:

Phone:

Address:

Your Title:

Number of workers you directly supervised:

Employment Dates

From:

To:

Supervisor's name/title:

Starting Salary:

Ending:

Hours per week:

Work Performed:

May we contact this employer if you are considered for the position? \_\_\_\_ Yes \_\_\_\_ No

Signature:

Date:

**CITY OF SCOTTSDALE  
REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT**

**INSTRUCTIONS:**

The intent of this form is to assure the City that no conflict of interest exists between City employment and your outside employment. If you are engaged in any type of outside employment, it is required that you complete this form, and keep it up to date. Report any changes or additional employment on a second form. Approvals are required for any changes or annually during the performance review process if there is no change.

**NAME:** \_\_\_\_\_ **CENTER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**OUTSIDE EMPLOYMENT INFORMATION:**

**Name of employer, address and phone number** \_\_\_\_\_

\_\_\_\_\_

**Nature of work (please describe)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of hours required per week** \_\_\_\_\_ **Total expected income \$** \_\_\_\_\_

**Do you use City facilities for this work**    ☐ Yes    ☐ No

**If yes, explain:** \_\_\_\_\_

\_\_\_\_\_

**Date employment to begin** \_\_\_\_\_

**Date employment will end (if known)** \_\_\_\_\_

**Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature & Date**

\_\_\_\_\_  
**Supervisor Signature & Date**

\_\_\_\_\_  
**Director Approval & Date**

Director to place Request in employee's file and forward a copy to Human Resources for City file.